FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

1423387 OMB APPROVAL OMB Number: 3235-0076 Expires: April 30,2008 Estimated average burden

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UNIFORM LIMITED OFFERING EXEMPTION Washington, DC Name of Offering (Theck if this is an amendment and name has changed, and indicate change.) Limited Partnership Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing | Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Merritt Community Capital Fund XI, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1970 Broadway, Suite 250, Oakland, CA 94612 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Develop low-income housing within the State cf California PROCESSED Type of Business Organization corporation limited partnership, already formed other (please specify): JAN 1 1 2008 business trust limited partnership, to be formed Month Vear THOMSUN Actual or Estimated Date of Incorporation or Organization: Actual Estimated 017 FINANCIAL Jurisdiction of Incorporation or Organization; (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of secur ties in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	· · · · · · · · · · · · · · · · · · ·	A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requested	for the following	<u>;</u>		•	
Each promoter of the issue:	r, if the issuer ha	s been organized wi	thin the past five years;		
Each beneficial owner having	ng the power to v	ote or dispose, or dire	ect the vote or disposition o	of, 10% or more of a	class of equity securities of the issuer.
Each executive officer and	director of corpo	orate issuers and of c	orporate general and man	aging partners of pa	rtnership issuers; and
<ul> <li>Each general and managing</li> </ul>	g partner of partr	ership issuers.			
Check Box(es) that Apply: P	romoter 📝	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individed Bank of the West	luai)				
Business or Residence Address (Nu 1450 Treat Blvd., Walnut Creek,		, City, State, Zip Co	de)		
Check Box(es) that Apply:	romoter 🔽	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual Washington Mutual Bank	lual)				
	ımber and Street	, City, State, Zip Co	de)		
1301-2nd Avenue, WMC 4102, S	Seattle, WA 98	101			
Check Box(es) that Apply:	romoter 🗹	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individually Wells Fargo Bank	dual)				
Business or Residence Address (No	umber and Street	, City, State, Zip Co	de)		
401 B Street, Suite 304A, San D	iego, CA 921	01			
Check Box(es) that Apply:	romoter 🔽	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ	dual)				
Bank of America					
Business or Residence Address (No	umber and Street	, City, State, Zip Co	de)		
333 S. Hope Street, 11th Floor,	Los Angeles,	CA 90007			
Check Box(es) that Apply:	Promoter 🔽	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual Fannie Mae	dual)				
Business or Residence Address (N	umber and Stree	t, City, State, Zip Co	de)	<del></del>	
3900 Wisconsin Ave., N.W., Wa	ashington, D.C	. 20016			
Check Box(es) that Apply:	Promoter 🗹	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)				
Business or Residence Address (N 8100 Jones Branch Drive, Mail		t, City, State, Zip Co Lean, VA 22102	de)	***************************************	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi Merritt Community Capital Corp		<del>.</del>			
Business or Residence Address (N 1970 Broadway, Suite 250, Oak			de)		

		ľ	A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the information re	quested for the fol-	lowing:							
• Each promoter of t	he issuer, if the iss	uer has b	been organized wi	ithin tl	he past five years;				
Each beneficial own	ner having the pow	er to vote	or dispose, or dir	ect the	vote or disposition o	of, 10%	6 or more of	fa clas:	s of equity securities of the issuer
Each executive offi	icer and director of	Г согрога	te issuers and of	corpor	ate general and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner of	f partner:	ship issuers.						
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Silicon Valley Bank	·								
Business or Residence Addre 185 Berry Street, Lobby	•		City, State, Zip Concisco, CA 941						
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	<del></del> ,							
Business or Residence Addre	ss (Number and	Street, C	City, State, Zip Co	ode)	<del></del>				
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Street, C	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	B	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		,		· · · · · · ·		•		
Business or Residence Addre	ess (Number and	Street, (	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number and	Street, (	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	B	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						<del></del>		
Business or Residence Addre	ess (Number and	Street, 6	City, State, Zip C	ode)	<u> </u>				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addr	ess (Number and	Street,	City, State, Zip C	ode)	<u> </u>				
	(Use bla	ank sheet	I, or copy and use	addit	ional copies of this s	hect,	as necessar	y)	

				B. II	NFORMATI	ON ABOU	T OFFERI	NG				
1. Has the	issuer sold	l, or does th							-		Yes	No <b>X</b>
2. What is	Answer also in Appendix, Column 2, if filing under ULOE.							s 500,000.00				
2. What is the minimum investment that will be accepted from any individual?								Yes	No			
	Does the offering permit joint ownership of a single unit?										X	
commi: If a per or state	he informat ssion or sim son to be lis s, list the na er or dealer,	ilar remune ted is an ass ime of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name (	Last name	first, if indi	ividual)									
Business or	Residence	Address (N	umber and	1 Street, Ci	ity, State, Z	Cip Code)		<del></del>				
Name of As	sociated Bi	oker or De	aler									
States in W											14	
(Check	"All States	s" or check	individual	States)			***************************************	***************************************	•••••	•••••	☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY DU	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d St:eet, C	ity, State,	Zip Code)						
Name of As	sociated Bi	oker or De	aler					. =				· · · · ·
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)			***************************************		••••••		☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)	· <del></del>							• •	
Business o	r Residence	: Address (	Number an	d Street, C	City, State,	Zip Code)		<del> </del>	· · · · · · · · · · · · · · · · · · ·		<del></del> -	
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		<u>.</u>		<del></del>		
(Check	"All State:	s" or check	individual	States)			***************************************				☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ T.	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		•
	Equity		
	Common   Preferred	<u> </u>	Ψ
	Convertible Securities (including warrants)	<b>t</b>	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		¥
2.			Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 42,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>s</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$_70,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_70,000.00

	C. OFFERING PRICE NUM	BER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."		oss	\$41,930,000.00
	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total opproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate a If the payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$_1,930,000.	00
	Purchase of real estate		🗆 \$	
	Purchase, rental or leasing and installation of ma and equipment		🗀 \$	s
	Construction or leasing of plant buildings and fac		<del>_</del>	<del></del>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	<b> \$</b>	
	Repayment of indebtedness			s
	Working capital		□ \$	<b>□</b> \$
	Other (specify): Acquisition of limited partner in	nterests in entities that own and operate	\$ 40,000,000	).0 <del> </del>
	low-income residential rental real estate			
			 🗀 \$	
	Column Totals		\$ 41,930,000	0.00 s 0.00
	Total Payments Listed (column totals added)		1,930,000.00	
		D. FEDERAL SIGNATURE		
signa	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to funformation furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Com-	mission, upon writte	
Issue	er (Print or Type)	Signature	Date	
Mer	ritt Community Capital Fund XI, L.P.	Burard T. Dean	Vecen	ber 14,200
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
3ern	ard T. Deasy	President, Merritt Community Capital Corp	oration, General Pa	artner

**END** 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)